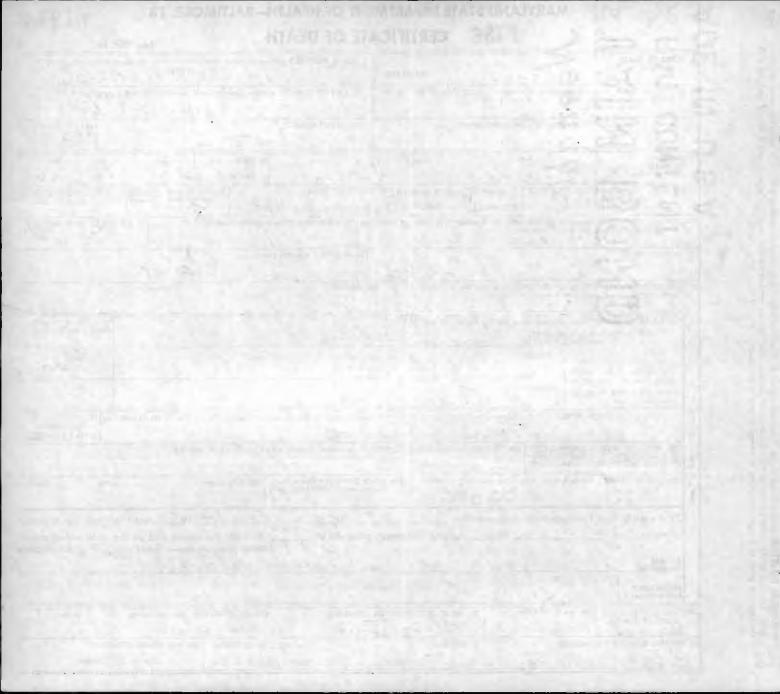
VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMOR	E, 18
120	-		

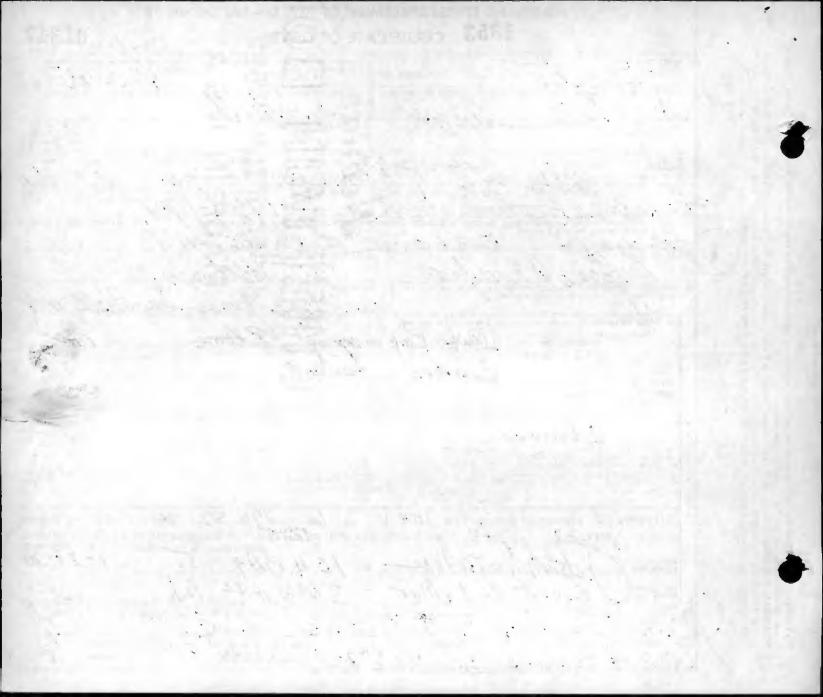
1355 CERTIFICATE OF DEATH 01345

90(/	Reg. Dist. No.
I. PLACE OF DEATH Q. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If on side corporate limits, write RURA) and give nearest traval.	c. CITY OR TOWNS (If autside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If nation hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mula Halland	Baker DEATH JAN 3 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years left birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dane of the control of working life, even if retired)	ST- OTO LLCA
STRINGER HOLLAIND	HARRIETT RICHARDSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unishnown) (If yes, give with odd dates of service) (You have been service)	MG. VIDROBERT BAKER BERLIN MD.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under lying cause lost. (c)	acome nich 3 y 30
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Part I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) actory, street, affice bldg., etc.)
21. I certify that I attended the deceased from 1/1/4	
ACTUAL SIGNATURE SIGNATURE	h occurred atM, fram the causes and an the date stated abave ADDRESS Street, kity at John Markey 17-5 4
PHYSICIAN'S H.H.Briele	Saleslung mix
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (Eity, town, or county) (Stote)
3. PUNERAL DIRECTOR'S SIGNATURE ADDRESS De Lega	240. REGISTRAS 24b. REGISTRAS'S SIGNATURE Civiling S. France

WARE CERTIFICATE OF BIASH And the Beauty of the AND AND ADDRESS OF THE PARTY OF The second of th

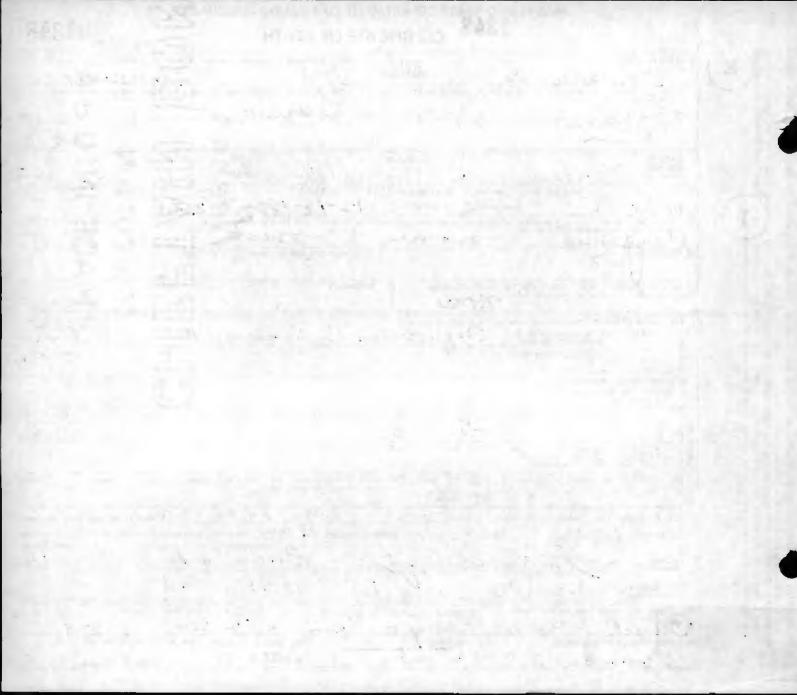


i	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
e	1353 CERTIFICATE OF DEATH Reg. Dist. No.	01347
I director	1. PLACE OF DEATH o. COUNTY O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decressed lived. If institutions sendence before a STATE b. COUNTY COUNTY COUNTY DECRESSION OF DEATH O. COUNTY DECRESSION OF DEATH DECRESION OF DEATH DECRESSION OF DEATH DECRESSION OF DEATH DECRESSIO	
0 0	b. CITY OR FOWN (If outside corporate limits, write RURAL and give new	arest tawn)
by the fun	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
filled in	3. NAME OF DECEASED (Type or print) Colora Welth 1 Danner 16 DEATH HOM. 2	7 1960
completely filled papers. Pages 1 and 1.	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH ASE (In years IF UNDER 1 YEAR LOSS by Indow), Months Days Until WIDOWED DIVORCED MILES DOYS	Hours Min.
ond compagned by death.	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY TO BRITHPIACE (State of Koreign Journal) 12.CITIZEN OF COUNTY OF BUSINESS OR INDUSTRY TO BRITHPIACE (State of Koreign Journal) 12.CITIZEN OF COUNTY OF BUSINESS OR INDUSTRY TO BRITHPIACE (State of Koreign Journal) 12.CITIZEN OF COUNTY OF BUSINESS OR INDUSTRY TO BRITHPIACE (State of Koreign Journal) 12.CITIZEN OF COUNTY OF BUSINESS OR INDUSTRY TO BRITHPIACE (State of Koreign Journal) 12.CITIZEN OF COUNTY OF BUSINESS OR INDUSTRY TO BRITHPIACE (State of Koreign Journal) 12.CITIZEN OF COUNTY OF BUSINESS OR INDUSTRY TO BRITHPIACE (State of Koreign Journal) 12.CITIZEN OF COUNTY OF BUSINESS OR INDUSTRY TO BRITHPIACE (STATE OF BUSINESS OR INDUSTRY TO BRITANESS OR IND	F WHAT COUNTRY
oion aft	13. FATHER'S NAME / MOTHER'S MAJDEN NAME / Tale Walbings	
W	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. FOCIAL SECURITY NO. INFORMANT Address (If yes, give wear or dates of service) (If yes, give wear or dates of service)	Umd
offending n please r	18. CAUSE OF DEATH [Enter only one cause per lim for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LEWE THE MEMORIAN Salema INT ONE	PRYAL BETWEEN
by the it. The sy evening	782.4 DUE TO Cardia Lailung.	
n. signed it perm nd in or	gave rise to immediate cause (a), stating the <u>under-lying cause last</u> . (c)	12
physicio os been iol-trons ioval, on	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
ficote h	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	
his certi	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. While Not while of work of work of work of work	(Stote
After the After	21. I certify that I attended the deceased fram, JBN 1, 1960, ta JBN 27, 1960, that I last say alive an 27, 1960 A, and that death accurred at 2200 M, fram the causes and an the date	w the deceased
ECTOR:	ACTUAL SIGNATURE I RUED & SIMMA SIMM	28-60
be retaine NERAL Dit 3 should egistror pr	PHYSICIAN'S FROBERT C. La Mar SNOW HILL, My	
FUNE oge 3	PTG, BURIAL, CREMATION, 224. DATE THEREOF, 22 NAME OF CEMETERY OF CREMATORY 22d. OCCATION (City fown or equinty)	Sm d
A15 (4)	23. PUNERAL DIRECTOR'S BIGNATURE (ADDRESS ADDRESS DATE AN 2 9 '60 CITCHER 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AN 2 9 '60 CITCHER 2 5 THE PURE AND 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
S A15 (4) SM 9/58	Ciller B. Dynnis Snorthell My DATEAN 29'60 Cithur S. Thomas	



15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH



FOR STATE HEALTH DEPT.

Poge

March 2

TO DEPUTY M. It EXAMINER: This certificate should be executed within 24 hours after death. If any delay harry, please execute the costs, writing the word "pending" in pendil in Item 18. Give Pages 1. 2, and 3 to the function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

I

2

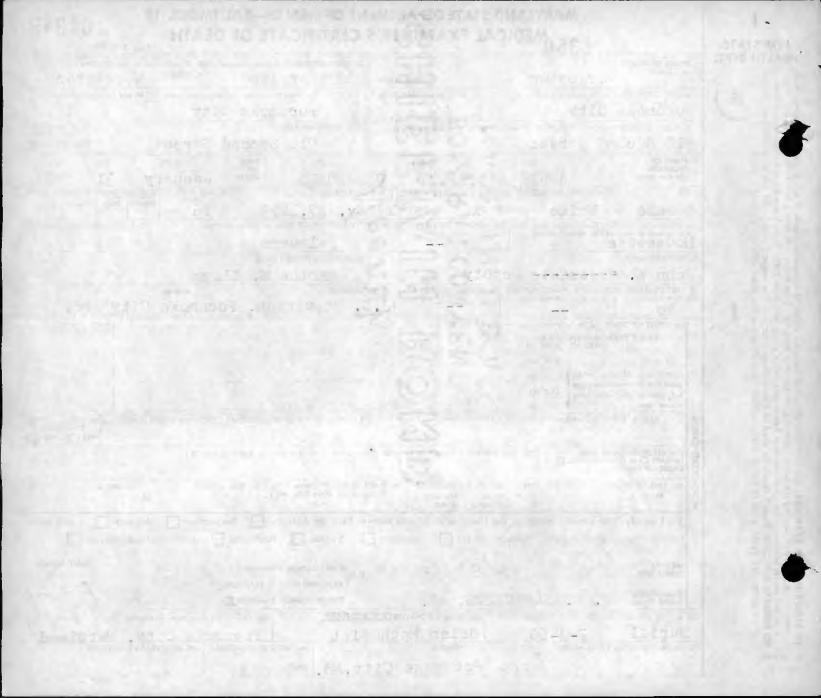
VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 350

01349

Reg. Dist. No.

	COUNTY	orcester		MARY	LAND	o. STATE M				COUNTY			ster
	ond give hearest town of COMOKE	outside corporate limits, write City	W RUPAL	c. LENGTH OF STAY	N Ib			(If outside co			RURAL on	d give n	earest town)
0	L NAME OF HOSPITA	AL OR INSTITUTION	If not in hos	pital, give treet address	1)	d. STREET A	DDRESS	5					e. IS RESIDENCE
9	10 Secon	d Street				1 9	10	Secor	nd St	reet	t		YES NO
1	NAME OF DECEASED (Type or print)	ANNI		DE PUTY	CR	DASDAL	E	4. DATE OF DEATH	Ja	Month		31	Yeor 19 6 0
5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. C	ATE OF BIRTH			9. AGE (1	in years		-	IF UNDER 24 HPS.
F	'emale	White	WIDOWE	DIVORCED	D No	ov. 27	,18	373	86		Manths	Days	Hours Min.
0	usual occupation working working to use wife	g life, even if retired)	dane 10b. K	IND OF BUSINESS OR I	INDUSTRY	De1			country)	•		USA	F WHAT COUNTRY?
13.	FATHER'S NAME				1	4. MOTHER'S A	MAIDE	NAME					
J	ohn W.	roasdale	Depu	ty		Mar	the	a W. C	logg				
15.		ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	DRMANT				Address			
1.02	No				J.C	. Stev	ren	son,	Pocor	noke	Cit	У,	Md.
	18. CAUSE OF DEAT	TH [Enter only one co 'H WAS CAUSED BY:	(6	(a), (b), and (c).	111		de	reac	e			INTEL	EVAL BETWEEN T AND DEATH
	420.1	IMMEDIATE CAUSE (o		- I-VIPR	T								
	Conditions, if as	DUE TO			(/								
	gave rise to immed	liate cause										-	
	(a), stating the couse lost.		1	sterio	2-	Lesas	20	7.					
z	-	J (c IER SIGNIFICANT CON	-	INTRIBUTING TO DEATH		depresent to			SE CONDIT	ION GIVI	EN IN PAS	T 1(a) 1	9 WAS AUTOPSY
OIL	,		76-	/1/	75	0)0	1	200			.,,		PERFORMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ISE WAS NTRIBUTING []	Ob. DESCRIBI	HOW INJURY DECUR	RED. (Prote	er payure of inje	ury in !	Part I or Part	II of item 18	1.)			TS[] KO
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Ye	White		e. PLACE factory	OF INJURY (H	ame, fo	orm, 20f. (Ci	ty ar tawn)		(Co	unty)	(State)
	21. I certify th	at I taak charge	of the	emains described	above	, held an	Auto	psy .	Inspectio	ın 🗍.	Inqui	гу 🖂	, and in my
	opinian death	relighted from	Natural o	couses . Accte	lent 🗌	, Suicide		Homicid	e 📋, 🔞	Undeter	rmined	,	
	ACTUAL SIGNATURE	1.C.	ark	vuis-	121	W.D.		EXAMINER [-				DATE SIGNED
	EXAMINER'S	N TO CAI	TGOMO	וזפ פס				DICAL EXAMIN					1/2/60
00				US, SR.	7870		MEDIC/	AL EXAMINER					1-1-
	REMOVAL (Specify)	N. 22b. DATE THERES	40	22c. NAME OF CEMETE					ATION (City				(State)
2000	Burial	2-3-60	4	Salem Me	thod		04 0		omok			Ma	ryland
23.	SUNERAL DIRECTOR	S PICKATURE	- /				240. RI	EC'D BY REGI	SIRAR 2	RD. REGIS	TRAR'S SH	UNATU	K E
1	Jenry A	you are	or	Pocomoke	Cit	v, Md.	DATE	B 5 160		0-11	7		
	7										1 12 1	COURSE AND	

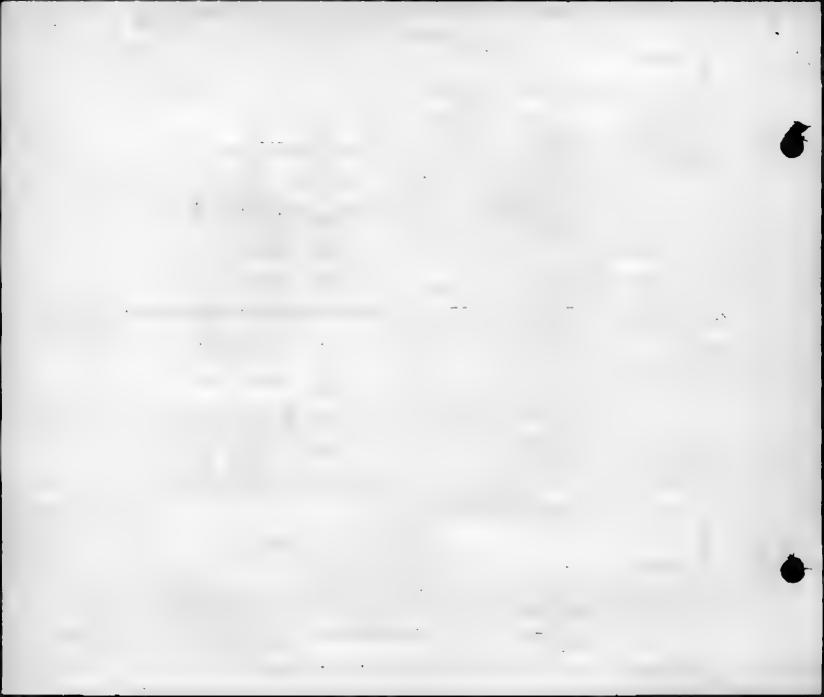


1		I	tem 20 Film 255 PLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	1350
FOR STA			135 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	
HEALTH I	DEPT.	1, [PLACE OF DEATH 2 USUAL RESIDENCE (Where deposed lived If institution, Septence before go. COUNTY (C)	dmiss an)
or File	X	b	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest and a reasonal lown).	town)
for you		d		S RESIDENCE
lar lained tate B	Х	3. [NAME OF Firm Middle / Lost 4. DATE Month Day	Year NO
any de 5 the f be rel o the S			Type or print) (CECC) ACELETIZE DEATH JCM: 17	1960 NDER 24 HES
th. If and 3 to 5 may 2 with hours of	تىر ك.	Z	imale laterial widowed Divorced lug-10-1885 145/17 Months Days Man	
Foge in 72		100 d	. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY () BIRTHPLACE (State or foreign county) 12 CITIZEN OF WH Juying most of working life even if retired)	AT COUNTRY?
ans of the organization of		13.	FATHER'S NAME () PARAME () 14. MOTHER'S MAIDEN NAME (
Sive Point File p	-	15. (Ve)	WAS DECEASED EVER IN U. S. ARMED FOREIS? 16. SOCIAL SECURITY NO. 17, INFORMANY Address (If you, give were or dates of farties) Address Address	1 = 7
a mith			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] [INITERVALE ON DEATH [Enter only one couse per line for (a), (b), and (c).]	My
n flem e alon nsit pe ot, one			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PSPHYX IN TIOW (HOUSE FIRE) Y5	mIN
offic Offic inf-tra	V		7/0.0 DUE TO Canditions, if any, which (b) gave rise to immediate cause	
in painer's			(a), storing the underlying cause fast. (c)	7-4
rate si inding i Exar sed as	3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19. W. ATTACKS OF SYNCOPE PAST FEW MONTHS YES	REORMED?
centificated in the second of		CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
: This he was hief he should a buri		CAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (Caunty)	(Stole)
MINER iting the Cage 3 age 3	2.	MEDI	blaur 36.76 1 17 1960 of work	Md.
fe, wr ded to OR: P.			21. I certify that I took charge at the remains described above, held an Autopsy, Inspection, Inquiry	Ind in my
forward DIRECT			SIGNATURE TO THE MEDICAL EXAMINER	E SIGNED
the the KAL	the		EXAMINER'S ROBORT & LaMar, M. D. ASSISTANT MEDICAL EXAMINER Deputy	18-60
xecute shauk FUNE		270	PERMAL CREMATION 220 DATE THESE OF 22c NAME/OF CEMETERY OF CREMATORY 220 JOCATION (Cypy town, or county)	roje
5 . 4 5 °		23	FUNERALD RECTOR'S SIGNATURE ADDRESS SIGNATURE 240. REGISTRAR'S SIGNATURE	
5M 2/57		1	Chery 8. Summer Snow life my DATEJAN 20'60 July & Kora-	



STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 8,9 FilmG255 2-1-60 et Ren Dist No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a COUNTY filed g. STATE **L. COUNTY** Worcester MARYLAND Virginia Accomack b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) POCOMOKE CITY 2 should minutes Wattsville NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution 2 Market ON A FARM? Street YES IN NO pua NAME OF First Middle Lost 4. DATE Month Dov Year filled JOHN H. JUSTICE DEATH January 19 1060 (Type or print) 5 SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B DATE OF RIPTH IF UNDER I YEAR IF UNDER 24 HRS AGE (In years lost burthday) Months Days Hours 885 Male White WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? Farmer Farming Virginia USA carbon 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME physician Joseph Justice hours Mary Anna Miles геточе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2 attending No Carlton Justice. Wattsville. Virginia within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ă ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION IMMEDIATE DUE TO ony Conditions, if any, which (b) gave rise to immediate 를 드 DUE TO cause (a), stating the underlying cause last. burial-transit (c). PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO FA 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour e. n. factory, street, affice bldg., etc.) While Not while at work at work p. m. 19 60 that I last saw the deceased 21. I cortify that i attended the deceased from AM, from the causes and an the date stated above. and that death occurred at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prior shauld PHYSICIAN'S NFORD FUNERAL NAME (Type) ന 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) affod (State) REMOVAL (Specify) Justice Cemetery 2 FUNERAL DIRECTOR'S SIGNATURE A 24a, REC'D 8Y REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4) Osthur S. Krank Pocomoke City, Md. DATE 18N 22'60 15M 9/55

that the





TO HOSPITAL Q

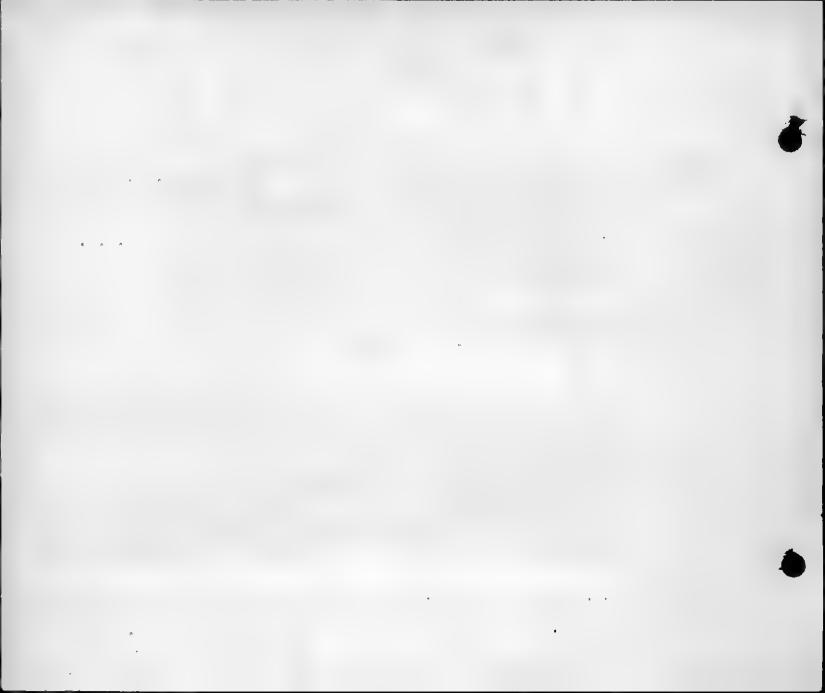
\sum_{ij}	
X	
m.k. /	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 1250

01353

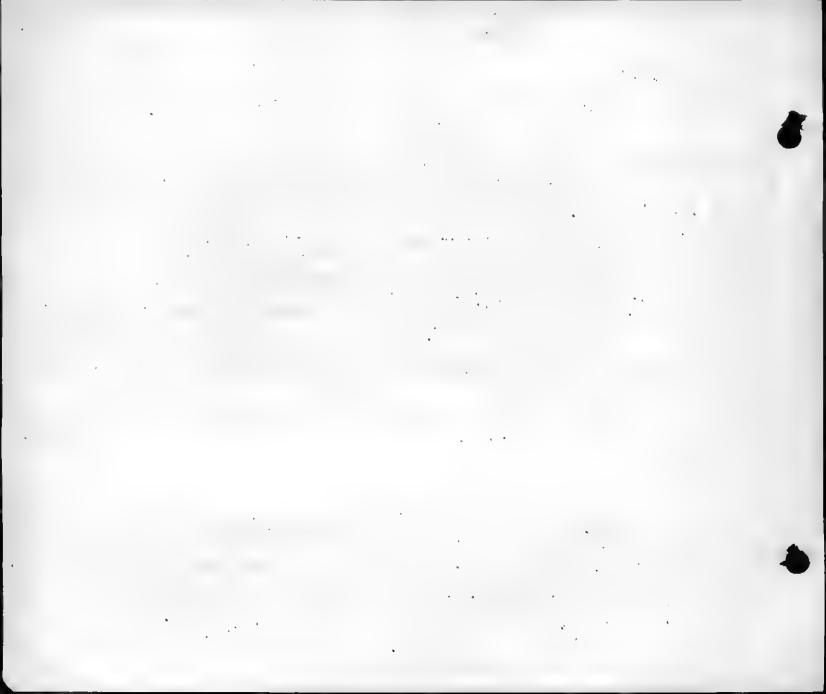
1. PLACE OF DEATH OCCUPY WORK of earlies experior final, write D. CHINA of CHINA (CONTROLL OF COUNTY) D. CHINA (CONTROLL OF CO			100	- Chilli	HIGH	- 01 -	<i></i>	•		Reg. D	Dist. No.		
DOTCESSEY MARYLAND LOTTO R TOWN (if consider coperate limits, write RURAL and give necest from) POCOMOKE DOCOMOKE LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) POCOMOKE LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) POCOMOKE LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) POCOMOKE LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) POCOMOKE LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL and give necest from) LOTTO ROWN (if consider coperate limits, write RURAL ROWN (if under	1. PLACE OF DEATH				2	USUAL RESI	DENCE (Wh	ere decease			ence before	e admissi	on)
RUNAL COLORIDA (In not in hospital, the not in hospital) POCOMOKE, A. STREET ADDRESS ON A FARMY POCOMOKE, A. STREET ADDRESS ON A FARMY SOLUTION SOLU		Worceste	r	MAS	EYLAND		Mary.	land			r		
d. NAME OF HOSPITAL (If not in hospital, up to street oddress) JOHN STUDIES OR INSTITUTE OR A FARM TOS NOTE: OR A FARM	RURAL and give	nearest lown)	ils, write	c. LENGTH OF STA	YINIb	200			rote limits, write	RURAL ond	give near	est lown)
OR INSTITUTION Home			Sun about	- 44				oke,	Md.			10.070	
3. NAME OF DECEASED PROPERLY AND PROCESS IN PARTICULAR SECURITY NO. IV. INFORMANT 100. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 110. OUT AND ALL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 110. OUT ALL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 110. OUT ALL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 111. BRITHAGE Slobe or foreign country) 112. CHIZEN OF WHAT COUNTRY 113. RATHER'S NAME 114. MOTHER'S MAJORIN NAME 115. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. IV. INFORMANT 116. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c)) 117. FAST I. DEATH WAS CAUSED BY: 118. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c)) 119. PART I. DEATH WAS CAUSED BY: 110. OTHER SIGNIFICANT COUNTRY OF THE PROPERTY OF CREMATORY THE PROPERTY OF CREMATORY STORMS (FINANCE) 119. OR CONTINUENT WAS INDUSTRY IN ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMÍNAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPY THE FORMS (FINANCE) 119. OR CONTRIBUTY WAS INDUSTRY IN ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMÍNAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPY THE FORMS (FINANCE) 119. OR CONTRIBUTY WAS INDUSTRY IN ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMÍNAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPY THE FORMS (FINANCE) 110. OR CONTRIBUTY WAS INDUSTRY IN ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMÍNAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPY THE FORMS (FINANCE) 119. OR CONTRIBUTY WAS INDUSTRY IN ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMÍNAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPY THE FORMS (FINANCE) 120. OR CONTRIBUTY WAS INDUSTRY IN ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMÍNAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPY THE FORMS (FINANCE) 120. OR CONTRIBUTY WAS INDUSTRY IN ORDITIONS OR THE THE TOWN IN PAR	OR INSTITUTION	1	ive sileer	dodressj		/		_		0	e	ON A	FARM?
DECEASED (Type or print) Laura Patterson DIAM Jan. 2 19 60 3 58 K 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 100. USJAL OCCUPATION (Give kind of work done) 101. USJAL OCCUPATION (Give kind of work done) DIOTESTIC 102. USJAL OCCUPATION (Give kind of work done) DIOTESTIC 103. FATHER'S MANE 104. MOTHER'S MAIDEN NAME LIARYLAND 105. WAS DECEASED EVER IN U. S. ARMED FORCES? It is. SOCIAL SECURITY NO. 107. INFORMANT 108. MARRIED 109. BLIZABOTH ROBERT MARRIED 109. BLIZABOTH ROBERT MARRIED 109. WAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. 109. BLIZABOTH ROBERT MARRIED 109. BLIZABOTH ROBERT MA						50	4 X 01		treet			AE2	NO Lak
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED S DATE OF BIRTH 100. USANA OCCUPATION (CID: Rated of west done 100. KIND OF 8USINESS OR INDUSTRY 11. SITEMPACE (Soles or foreign occurry) 12. CITIZEN OF WHAT COUNTER 10. USANA OCCUPATION (CID: Rated of west done 100. KIND OF 8USINESS OR INDUSTRY 11. SITEMPACE (Soles or foreign occurry) 12. CITIZEN OF WHAT COUNTER 10. USANA OCCUPATION (CID: Rated of west done 100. KIND OF 8USINESS OR INDUSTRY 11. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARE OF ORGANY 15. OCCIAL SECURITY NO. 17. INFORMANT 10. OCCIAN 1	DECEASED	-					it	OF			Day	Y	(eor
Per New Part New								DEATH			•		
DIODUSTAND COLUMNION GENERAL DISCONSISTED IN SECURITY NO. 17. INFORMANT IS SET OF THE SET OF WHAT COUNTRY IS SET OF THE SET OF WHAT COUNTRY IS SET OF SET OF WHAT COUNTRY I		6 COLOR OR RACE				DATE OF BIRT	Н		9. AGE (In year last birthday				
DOTRIESTIC HOUSEWORK 14 ANDTHERS MAIDE NAME 13. FATHER'S NAME 14. MOTHER'S MAIDE NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? It. S. SOCIAL SECURITY NO. 17. INFORMANT 170. WAS DECEASEDEVER IN U. S. ARMED FORCES? It. S. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per lime for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per lime for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per lime for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per lime for (o), (b), and (c).] 19. ART I. DEATH WAS CAUSED BY: 19. DUE TO CONTRIBUTING COURSE IN U. S. ARMED FORCES? IN U. S. ARMED FORCES. IN U. S. ARMED FORCES? IN U. S. ARMED FORCES? IN U. S. ARMED FORCES. IN U. S. ARME			1	200				1885	74 Y	rs			
DOTACLES IN WAS UNDERLYING OF COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TEPMÍNAL DISEASE CONDITION GIVEN IN PART 1 (c) IV OR CONTRIBUTING TO ORCONTRIBUTING TO ORGONTRIBUTING TO ORGONTRIBUT	10o. USJAL OCCUPAT during most of wo	ION (Give kind of work rking life, even if retired	done 10b			11. BIRTHPL	ACE (Slote	ar foreign c	ountry)	12 C	ITIZEN OF	WHAT	COUNTRY
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address 18. CAUSE OF DEATH Enter only one couse per line for [o], [b], and [c].	Dom			Housewo	rk	1-1	aryla	and			J.S.	Α.	
15. WAS DECEASED EVER IN U. S. ARRED FORCES? THE TIME OF INTERPOLATE STORMANT 18. CAUSE OF DEATH [Enter only one couse per line for [o], [b], and [c].] PART I. DEATH WAS CAUSE ON DEATH Conditions, if only, which gove rise to immediate couse [o], stand Death But not related to the terminal disease Condition Given In Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [o] IV. WAS AUTOPSY TEST ON THE CONTRIBUTION II. CAUSE OF DEATH 200. ACCIDENT WAS UNDERLYING II. 200. TIME OF INJURY Month. 200. ACCIDENT WAS UNDERLYING II. 200. ACCIDENT WAS UNDERLYING III. 200. ACCIDENT WAS UNDERLYING II. 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 201. I certify that I altended the deceased from 2.3 Gat II. 202. TIME OF INJURY Month. 203. PURCE OF INJURY Home, form. 204. PLACE OF INJURY Home, form. 205. CICHY HOW II. 206. CICHY HOW II. 207. ACCIDENT WAS UNDERLYING II. 208. ACCIDENT WAS UNDERLYING II. 209. PLACE OF INJURY Home, form. 201. I certify that I altended the deceased from 2.3 Gat II. 200. ACCIDENT WAS UNDERLYING II. 200. TIME OF INJURY HOME. 201. ACCIDENT WAS UNDERLYING III. 201. CICHY FOR III. 202. CICHY HOW III. 203. CICHY HOW III. 204. CICHY HOW III. 205. CICHY HOW III. 206. CICHY HOW III. 207. CICHY HOW III. 208. CICHY HOW III. 208. CICHY HOW III. 209. CICHY HOW III. 209. CICHY HOW III.	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
To complete						E1	izabe	eth R	oberts	5			
18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), and (c).] PART I. DEATH WAS CAUSE BY. DUE TO CONTRIBUTION ONSET AND DEATH ON SET AND DEATH ON	15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. INFO	RMANT		` .	. ^	ddress			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- tying couse lost Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEPMINAL DISEASE CONDITION GIVEN IN PART I(o) IP, WAS AUTOPSY PERFORMED? YES DUE TO (c) Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEPMINAL DISEASE CONDITION GIVEN IN PART I(o) IP, WAS AUTOPSY PERFORMED? YES DO ACCIDENT WAS UNDERLYING D 200. ACCIDENT WAS UNDERLYING D AUST OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINES) 200. TIME OF INJURY Month, Day, Year Hour o. m., Death D 21. I certify that I altended the deceased fram 2 Colony of work D 21. I certify that I altended the deceased fram 2 Colony of work D 21. I certify that I altended the deceased fram 2 Colony of work D 22. GUINAL CERMATION, 27. DATE THEREOF SIGNALURE PHYSICIAN'S No. Sertorius, Jr., M.D. POCOMOKE City, Maryland 22. BURIAL CERMATION, 27. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY POCOMOKE City, Maryland 22. FUNCETOR'S SIGNATURE ADDRESS 240. RECD 8Y REGISTRAR 240 REGISTRARS SIGNATURE	no		2	219 03 14	07A	tel	cil t	Dolash	ita V	ocor	noll	2	mes
DUE TO CONTRIBUTING CAUSE OF DEATH TO CONTRIBUTING CAUSE OF DEATH DUE TO CONTRIBUTING CAUSE OF DEATH TO CONTRIBUTION COUNTY COUNTY TO COUNTY TO COUNTY COUNTY TO COUNT					:).]						INTE	RVAL BET	TWEEN
DUE TO GET IT S EDITE SATISTICS OF CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMÍNAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMÍNAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (FEITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stole) of work of or work, street, office bldg., etc.) 21. I certify that I altended the deceased fram 2 Jach 19. Ja	PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Inc	. umani e	acut	- tay	rmin	0 8	rostat	· e	ONSE	T AND	DEATH
gove rise to immediate couse (o), stoting the under tying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(o) 19. WAS AUTOPSY PERFORMED? YES ON ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(o) 19. WAS AUTOPSY PERFORMED? YES ON ON ACCIDENT WAS UNDERLYING OF CONTRIBUTING COLURRED OR CONTRIBUTING COLURRED OR CONTRIBUTING CONTRIBUTING COLURRED OR CONTRIBUTING COLURRED OR CONTRIBUTING COLURRED OR CONTRIBUTING COLURRED OR CONTRIBUTION COLURRED OR COLURN COLURRED OR COLURN COLURN COLURRED OR COLURN COLURN COLURRED OR COLURN COLUR COLURN C	1150.0	DUE TO	an	6 F1 475 1	66117	erar	15,5	eV.					
gove rise to immediate couse (o), stoting the under tying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(o) 19. WAS AUTOPSY PERFORMED? YES ON ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(o) 19. WAS AUTOPSY PERFORMED? YES ON ON ACCIDENT WAS UNDERLYING OF CONTRIBUTING COLURRED OR CONTRIBUTING COLURRED OR CONTRIBUTING CONTRIBUTING COLURRED OR CONTRIBUTING COLURRED OR CONTRIBUTING COLURRED OR CONTRIBUTING COLURRED OR CONTRIBUTION COLURRED OR COLURN COLURRED OR COLURN COLURN COLURRED OR COLURN COLURN COLURRED OR COLURN COLUR COLURN C	Conditions, if	ony, which) a	·A	thora	e 1/0	MASI	6 0	galled to the state	-11:2-	-1			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201 TIME OF INJURY Month, Day, Year Month, Day, Year Cod. INJURY OCCURRED While of work of	gove rise to	immediate Court	/	1	3.1.15	1 6 -5 -	77	CIIG	14112	- 21			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 19 While Not while of work of w			\mathcal{A}	stori	A S (lero.	513		11	ever	fra		
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. TIME OF INJURY Month. Day, Year 200. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 201. (City or town) (County) (Stote) 21. I certify that I attended the deceased fram 23 0 1, 19 10, ta 2 10, that I last saw the deceased alive an 2 10, and that death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE 19 10, and M. F. Sartorius. Jr., M.D. Pocomoke City. Maryland 220. BURIAL, CREMATION, REMOYAL ISSENION 220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or county)	PART II. O1			CONTRIBUTING TO D	EATH BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION (. WAS A	UTOPSY
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. TIME OF INJURY Month. Day, Year 200. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 201. (City or town) (County) (Stote) 21. I certify that I attended the deceased fram 23 0 1, 19 10, ta 2 10, that I last saw the deceased alive an 2 10, and that death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE 19 10, and M. F. Sartorius. Jr., M.D. Pocomoke City. Maryland 220. BURIAL, CREMATION, REMOYAL ISSENION 220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or county)	TAS .												
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 of work of work of two work	E 200 ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRED. (I	Enter nature o	f injury in P	ort I or Pari	t II of item 18.)	·			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 of work of work of two work	OK CONTRIBUTING	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)											
21. I certify that I altended the deceased fram 23 CoT. 19 Ja, to 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive and 2 Jan, 19 Co, tha		RY Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20f. (City	or lown)		(County)		(Stote)
21. I certify that I altended the deceased fram 23 CoT. 19 Ja, to 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive an 2 Jan, 19 Co, that I lost saw the decease alive and 2 Jan, 19 Co, tha	Hour o.m.	19	While	Not while	foctory	, street, office	e bldg., etc.	1			, , ,		(0.0.0)
alive an					/ +	20.00	-	2 7		/ -			
ACTUAL SIGNATURE PHYSICIAN'S N.E. Sartorius, Jr., M.D. POCOMOKe City, Maryland 220 SURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY POCOMOKe, Ind. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 240 REGISTRAR'S SIGNATURE		7	deceas	<i></i>		/							
ACTUAL SIGNATURE PHYSICIAN'S N.E. Sartorius, Jr., M.D. Pocomoke City, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Slote) REMOVAL Specify Jan. 10, 1960 Halls Hill Pocomoke, Nd. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 8Y REGISTRAR 24b REGISTRAR'S SIGNATURE	alive an	- Jan	12	and the	t death ac	curred .at					the date		
PHYSICIAN'S N.E. Sartorius, Jr., M.D. Pocomoke City, Maryland 20 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. Iown, or county) (Slote) REMOVAL 188919 Jan. 10, 1960 Halls Hill Pocomoke, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D 8Y REGISTRAR 24d REGISTRAR'S SIGNATURE	ACTUAL /	15 /25	tar	4	7	4	100	ADDRESS (SI	reet, cay or tow	n, state)	-0	DA	TE SIGNE
NAME (Type) N. Sartorius, Jr., M.D. Pocomoke City, Maryland 220 BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, Iown, or county) (Slote) Pocomoke, Md. Pocomoke, Md. 240. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS 240. REGISTRAR'S SIGNATURE	SIGNATURE	C. Javy	Cic		M D		C.				()	K	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. Town, or county) (Slote) POCOMOKE, Nid. 23. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS 240. REC'D 8Y REGISTRAR 24b REGISTRAR'S SIGNATURE	PHYSICIAN'S (NAME (Type)	N.E. Sartori	us,	Jr., M.D.		Poc	omoke.	City	Maryla	ind			
REMOVAL Spectry Jan. 10, 1960 Halls Hill Pocomoke, Nd. 23. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS AD	220 BURIAL, CREMATIC				METERY OR C							(Slote	}
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b REGISTRAR'S SIGNATURE	REMOVAL 1881	Jan.10	,196		* *								
Edgar Whoston - Gocomoc . Co DATE 1000 0 000	23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			24a. REC'E						
	Ellan	- Who	976	- liccos	nac	. Ua	DATE BA	1 4 2 16	2	7 -1 /	0 20	5.	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



359	CERTIFICATE	OF D	FATE
998	CERTIFICATE	Or L	CAIL

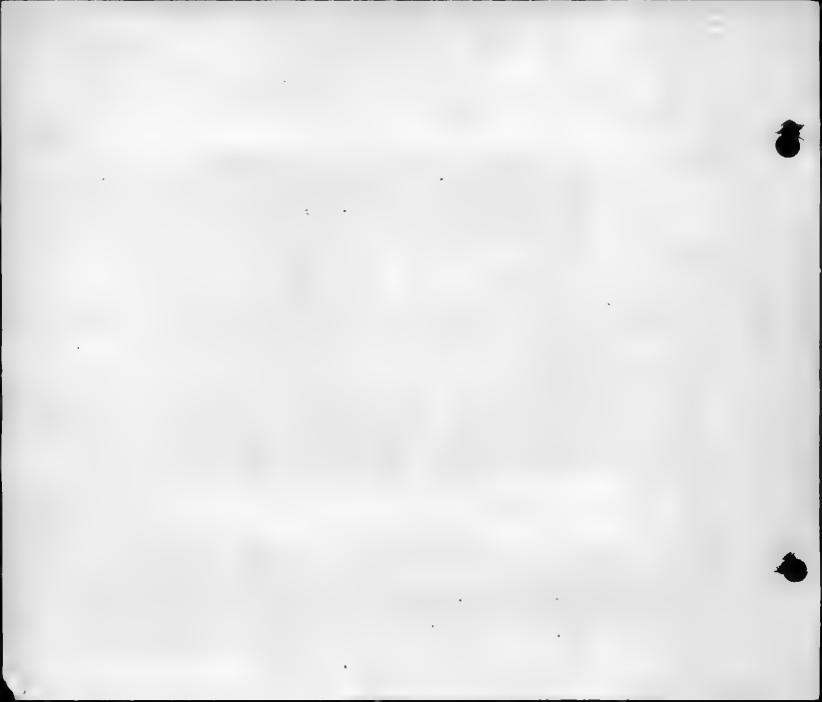
01356

	ųž.	ODS CERTI	FICATE (JE DEAT			Reg. Dist. No.	() = 30 (
1. PLACE OF DEATH o. COUNTY				AL RESIDENCE (W	here deceased liv	ed. If institution	n: Residence before	admission)
	orcester	MARY	YLAND 0. ST	"Maryla	and	P. CONITA	orceste	r
	If outside carparate limits, w	rite c. LENGTH OF STAY	IN 1b c C	ITY OR TOWN (IF	autside carporate	limils, write RU	RAL and give near	est town)
Bishop	Rural	Life	×	Bishor	o. Rura	1		
	PITAL (If not in hospital, give :		/ d. S	TREET ADDRESS			e	ON A FARM?
3. NAME OF	First	Middle		last	4. DATE	Month	Day	
(Type or print)	Charles	M.	Show	vell	OF DEATH J	anuary		19 60
S. SEX		MARRIED NEVER MARRI			9. /	GE Un vents	FUNDER TYEAR	F UNDER 24 HRS
Male		DOWED X DIVORCE	_	. I8. I8	374	ost birthday)	Months Days	Haurs Min
Do. USUAL OCCUPA	TION (Give kind of work done orking life, even if retired)	106 KIND OF BUSINESS C					12. CITIZEN OF	WHAT COUNTRY
Farmer	orking lite, even if retired)	Farming		Marylar	nd		United	States
3. FATHER'S NAME			14 MC	OTHER'S MAIDEN			1	
Unknown			TTz	ıknown				
5. WAS DECEASED E	VER IN U. S. ARMED FORCES					Addre	5%	
(Yes. no. or unknown) NO	(If yes, give wor or dates of service	None	Walter	Showe.	17	Bishop	. Marvl	and
	MEATH [Enter only one cause			DHONG.		MISTOR	A	RVAL BETWEEN
	EATH WAS CAUSED BY:	Hill	Vs - 1 - 0	Co	Linas		ÖNSE	ET AND DEATH
4401	IMMEDIATE CAUSE (o) DUE TO	H	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.10			Se	veine
Canditions, if	nav which	0,		٠	سبال الدارج			years
gove rise lo	immediate (- 6	7
couse (a), statin	ig the under-							
	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE CO	NOTION GIVE	N IN PART I(g) 19	. WAS AUTOPSY
PART II. C		Eteme	ile					PERFORMED?
200 ACCIDENT	WAS UNDERLYING D 20b	DESCRIBE HOW INJURY O	CCURRED (Enter	nature of injury in	Part or Part II o	if item 18)		113 [] 110 []
OR CONTRIBUTING	WAS UNDERLYING 20b					•		
20c. TIME OF INJ	URY Month, Day, Year	206. INJURY OCCURRED	20e. PLACE OF II	NJURY (Hame, farm	n. 20f. (City or	awn)	(County)	(State)
20c. TIME OF INJ	10	White Not white	factory, street	et, office bldg , etc	c.}	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
		2 2	-20 1	-64	7 7-6	(` (`)		
	that I attended the de	A		9.27, 10	7-73		*	w the deceased
alive on	1	19_{0} , and that	death accurr	ed dt. 43.20				e stated above
ACTUAL	the state of	Charle	A	(13)	ADDRESS (Street	city or fown, \$1	(ale)	DATE SIGNED
SIGNATURE	-xing in	. 6 200-7	M.D.			1 ma		115/
PHYSICIAN'S NAME (Type)	vory U. Sul] += T						
			Preny oc co-		Inn. 100-100			
220 BURIAL, CREMAT REMOVAL (Speci	fy)	22c. NAME OF CEM				I (City, town, or	_	(State)
Burial	Jan. 29/	60 Long's	Cemeter			ville,		ware
3. FUNERAL DIRECTO	1 SIGNATURE				D BY REGISTRAR	246 REGIST	RAR'S SIGNATURE	i.a
Jacury V	IN, Waldon	n Pocomo	oke. Md.	DATE F	En i no			

may be refair.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 17 he funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, at remayal, and in any event within 72 hours often depth. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO HOSPITAL

VS A15 (4) 15M 9/55



2

cample

puo

to

þ

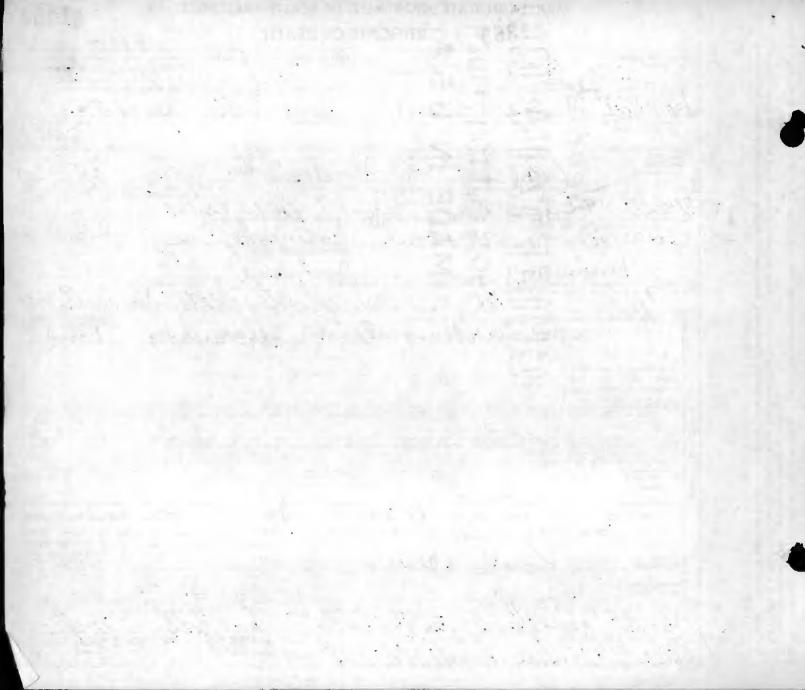
hos been signed

certificote

attending physician.

certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



be executed

requires that the death certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FIFTY VI D. HOLLEN, AND AND CO. ALTERNATION OF THE PROPERTY OF Winds and DE TAIN TO A MARK DE COMPANY Live Comment of the standard o